On the Free Application for Federal Student Aid (FAFSA), you indicated that either you or your parent paid child support during 2016. You have been selected for verification; therefore, the Office of Financial Aid must obtain a signed statement verifying this information. Please complete the following worksheet and return it to the Office of Financial Aid. Please be sure the amounts listed are actual dollars <u>paid</u> during the calendar year 2016.

Student Name:				ID#:	
	Last	First	MI		
Studen Did you	ut pay child support in 201	6?			
	No				
	Yes. Please certify the fo	llowing:			
			\$		
Name of	Person to Whom Child Suppo	rt was Paid	2016 Total Paid	Name of Child/Children	
			\$		
	Person to Whom Child Suppo eed additional space, please v		2016 Total Paid ck of this form.	Name of Child/Children	
	ı pay child support in 201 No Yes. Please certify the fo				
			\$		
Name of	Person to Whom Child Suppo	rt was Paid	2016 Total Paid	Name of Child/Children	
Name of	Person to Whom Child Suppo	ort was Paid	\$ 2016 Total Paid	Name of Child/Children	
	eed additional space, please v			Hamis of Stillar Stillar St.	
give false informati	e or misleading information	on, you may accurate, we	be fined, be sente may ask you for	ted is complete and correct. If you purposenced to jail, or both. If it appears the a statement of the support paid, copies o	,
Student Si	gnature (If student paid child	support)		Date	
Parent Sig	nature (If parent paid child su	pport)		Date	

E-mail: financialaid@grace.edu

Grace College - Office of Financial Aid

Fax: (574) 267-5132

200 Seminary Drive, Winona Lake, IN 46590

Return to: